



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ENCOMPASS HEALTH DEACONESS

City of Hospital: Newburgh

Year Begin: 01/01/2020 (mm/dd/yyyy format)

Year End: 12/31/2020 (mm/dd/yyyy format)

Person Completing the Report: Rhonda Ramsey

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Medicare Provider Number: 153025

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$67091023
Outpatient Patient Service Revenue	\$0
Total Gross Patient Service Revenue	\$67091023

2. Deductions From Revenue

Contractual Allowance	\$21576687
Other Deductions	\$0
Total Deductions	\$21576687

3. Total Operating Revenue

Net Patient Service Revenue	\$45514336
Other Operating Revenue	\$15963
Total Operating Revenue	\$45530299

4. Operating Expenses

Salaries and Wages	\$15194669	Employee Benefits	\$4395841
Depreciation and Amortization	\$2340412	Interest Expense	\$-44710
Bad Debt	\$1093460	Other Expenses	\$6952130
Total Operating Expenses	\$29931802		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$15598497	Total Assets	\$58088031
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$22253832

Total Net Gains	\$15598497
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$43422115	\$11937177	\$31484938
Medicaid	\$7782130	\$4100543	\$3681587
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$15886778	\$5538967	\$10347811
Total	\$67091023	\$21576687	\$45514336

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$305353
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$133205	
HCI Payments	\$0		
Subtotal	\$0	\$133205	\$-133205
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$0	\$0	\$0

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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